

Name
in
Full

David M Biggs

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Smiths Creek</u> ^{Town}		<u>St Marys</u> ^{County}		MARYLAND	
Date of death	<u>1907</u>	Month <u>Aug</u>	Day <u>14</u>	Age <u>37</u>	Years <u>37</u>
Sex <u>Male</u>	Color or Race <u>White</u>		Birth place <u>Balto</u>		
Occupation <u>Smist</u>			Where Residing if not at place of death <u>St Marys</u>		
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Dont Know</u>				
Father's Name <u>Dont Know</u>			Father's Birthplace <u>Dont Know</u>		
Mother's Maiden Name <u>Dont Know</u>			Mother's Birthplace <u>Dont Know</u>		
Name of person giving information <u>Mary Townsend</u>			How related to deceased <u>Niece</u>		

PHYSICIAN
OR CORONER

(Accidental drowning)		CAUSES OF DEATH		(172)	
Primary	<u>Drowning</u>		(accident)		How long
Immediate					How long
Are the name, age, sex, color, date and place correctly given above?			Signature of Physician <u>J H Leary</u>		
			Address <u>Ridge Md</u>		
Accident <u>Swim</u> ? <u>Accidental</u>					



Name
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CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name Keating Johnson Town Morganza County St Marys md MARYLAND

Date of death 1907 Aug 5 Day 19 Years 4 Months 29 Days

Sex male Color or Race white Birth place St Marys Md

Occupation Farming Where Residing if not at place of death

Married, Single or Widowed Single Name of Wife or Husband Mary A. Johnson

Father's Name J. A. Johnson Father's Birthplace St Marys

Mother's Maiden Name Mary A. Johnson Mother's Birthplace

Name of person giving information J. A. Johnson How related to deceased Father

CAUSES OF DEATH

(68)

PHYSICIAN
OR CORONER

Primary Acute delirious Mania How long 2 Weeks

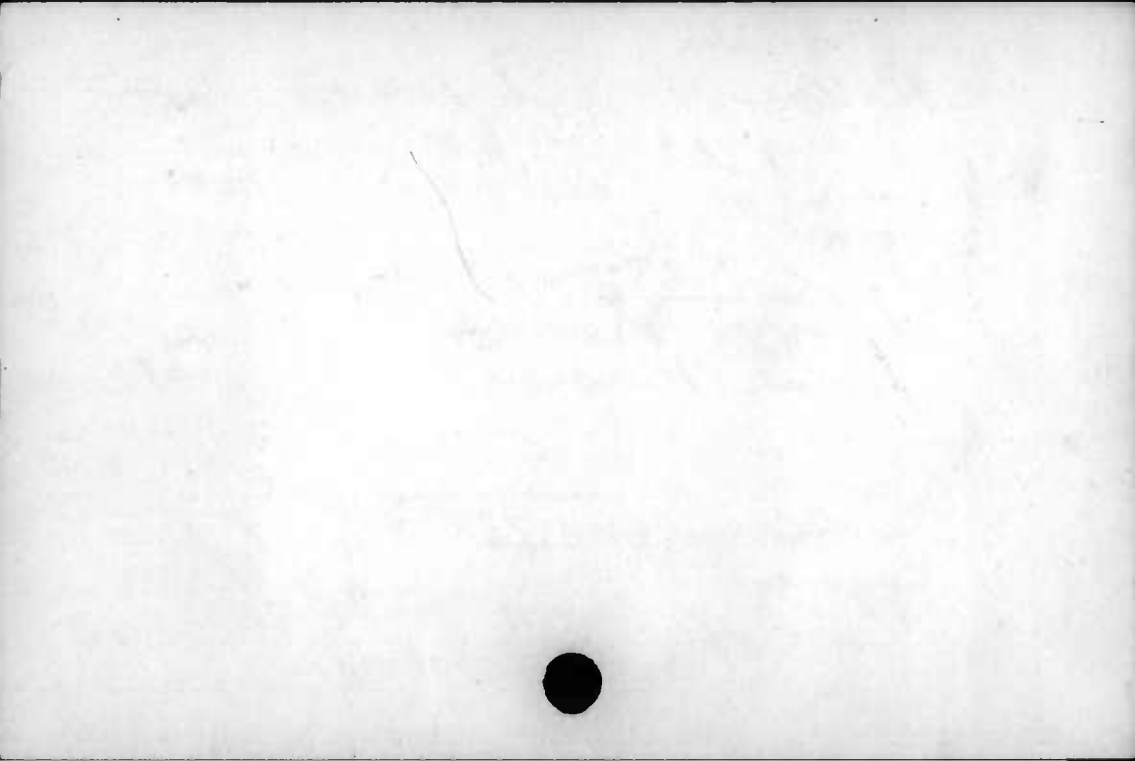
Immediate Exhaustion How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician L. B. Johnson

Address Morganza

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

Agnes Smith

Town

County

MARYLAND

Died at

Ridge

St. Thomas

Date

Month

Day

Years

Months

Days

of death

1907

Aug

19

Age

25

Sex

Female

Color or
Race

Colored

Birth-
place

Md.

Occupation

Cook

Where Residing if not
at place of deathMarried, Single
or Widowed

Single

Name of Wife or
HusbandFather's
Name

Henry Smith

Father's
Birthplace

Md.

Mother's
Maiden Name

Don't know

Mother's
Birthplace

Don't know

Name of person giving
In formation

Albert Smith

How related
to deceased

Son

CAUSES OF DEATH

Primary

Tuberculosis, (Tubercle)

How long

1 year

Immediate

Exhaustion

How long

4 days

Are the name, age, sex, color, date
and place correctly given above?

ye

Signature of
Physician

Address

R. H. Lloyd
Ridge
Md.

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name in Full		Daisy Thomas				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town New Market	County St. Mary's		MARYLAND	
	Date of death	1907	Month Aug.	Day 10	Years 13	Months —	Days —
	Sex	Female		Color or Race	Colored		
	Occupation	None		Birth- place	Washington D.C.		
	Where Residing if not at place of death			with Grand-parents			
	Married, Single or Widowed	Single		Name of Wife or Husband	—		
	Father's Name	James Thomas				Father's Birthplace	Washington D.C.
Mother's Maiden Name	Martha Marshall				Mother's Birthplace	St. Mary's Co.,	
Name of person giving Information	Martha Thomas				How related to deceased	Mother	
<div style="text-align: center;">CAUSES OF DEATH</div> <div style="text-align: right;">①</div>							
PHYSICIAN OR CORONER	Primary	Typhoid fever				How long	Three weeks
	Immediate	Exhaustion from diarrhoea				How long	—
	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician	Zach. R. Morgan, M.D.	
					Address	Mechanicville, Md.	
Accident or Suicide?							

